State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549305A1

Solicitation Title: SAKONNET POINT FISHING AREA BOAT RAMP IMPROVEMENTS - ADDENDUM 1 (15

PGS)

Bid Proposal Submission

Deadline Date & Time: 2/24/2015 10:00 AM

RIVIP Vendor ID #: 6124

Bidder Name: East Coast Landscaping & Construction, Inc.

Address: 202 Chase Road

Portsmouth, RI 02871

USA

 Telephone:
 (401) 683-5656

 Fax:
 (401) 683-5662

 Contact Name:
 Billy Reed

Contact Title: Chief Estimator

Contact Email: billyreed@eastcoastconstruction.com

SECTION 2 — DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.

State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.

3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

Z		State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasipublic corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.
		intermediate parent company and the ultimate parent company of the bidder.
Discl	osure	e details (continue on additional sheet if necessary):
_		
		SECTION 3 —CERTIFICATIONS
	Bido	ders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.
Indic	ate "\	r" (Yes) or "N" (No), and if "No," provide details below.
THE	BIDE	DER CERTIFIES THAT:
习	_ 1.	The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
7	_ 2.	The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
7	_ 3.	The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
7	_ 4.	The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
4	_ 5.	The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
7	. 6.	This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.

7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.

8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):				
Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The derson signing below represents, under penalty of perjury, that he or she is fully informed regarding the proposal on behalf of the Bidder.				
	BIDDER			
Date: FEBRUARY 24, 2015	East Coast Landscapting - Construction, Inc. Name of Bidger Signature in ink NILLIATI RED, SELRETRY Printed name and title of person signing on behalf of Bidder			

Solicitation #:7549305

Solicitation Title: Boat Ramp Improvements, Sakonnet Harbor Fishing Area

BID FORM

To:

The State of Rhode Island Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill, Providence, RI 02908-5855

Bidder:

EAST COAST LANDSCAPPENG ? CNOTRUCTION, INC.

Legal name of entity 202 CHASE RD. PORTSTIALTIM, RECESTI

Address (street/city/state/zip)

The @cotcoostcoostruction . com Contact email
401-635-5662

401-683-57656

Contact fax Contact telephone

1. **BASE BID PRICE**

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (including the costs for all Allowances, Bonds, and Addenda):

299,212.00 (base bid price in figures printed electronically, typed, or handwritten legibly in ink) THO HANDRED AND NEWEY NEWS THOUSAND THE HUDGED AND THEIRE DOLLAS (base bid price in words printed electronically, typed, or handwritten legibly in ink)

Allowances

NONE

Bonds

The Base Bid Price includes the costs for all Bid and Payment and Performance Bonds required by the solicitation.

Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price includes the costs of any modifications required by the Addenda.

Solicitation #:7549305

Solicitation Title: Boat Ramp Improvements, Sakonnet Harbor Fishing Area

All Add	denda	must	be	acknow	ledged.
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Addendum No. 1 dated: FEBRUARY 18, 2015

Addendum No. 2 dated: N/A

Addendum No. 3 dated: N/A

2. <u>ALTERNATES</u> (Additions/Subtractions to Base Bid Price)

NONE

3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include <u>all</u> costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price No. 1: <u>Base Course Asphalt Pavement</u> \$ 225. ∞ per ton

Unit Price No. 2: Class I-1 Asphalt Pavement \$ 225. ∞ per ton

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

• Start of construction: April 15, 2015

• Substantial completion: <u>June 30, 2015</u>

• Final completion: June 30, 2015

Solicitation #:7549305

Solicitation Title: Boat Ramp Improvements, Sakonnet Harbor Fishing Area

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for <u>each</u> calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$\(\) 800.00

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: FEBRUARY 24, 2015

BIDDER East Coast Landscapency &

Name of Bidder

Printed name and title of person signing on behalf of Bidder

8333

Bidder's Contractor Registration Number

Construction Inc

Form W-9 (Rev. 3/7/11)

State of Rhode Island PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpaver identification Number (T.I.N.)
Enter your taxpayer identification number in the appropriate box. For most individuals, Employer ID No. (EIN)
this is your social security number. 05 0422596
NAME EAST COAST LANDSCAPPING & CONSTRUCTION, INC.
ADDRESS 202 CHASE ROAD
(REMITTANCE ADDRESS, IF DIFFERENT)
CITY, STATE AND ZIP CODE PORTOUTH RE 02871
CERTIFICATION: Under penalties of perjury, I certify that:
 The number shown on this form is my correct Taxpayer Identification Number (or t am waiting for a number to be issued to me), and I am not subject to backup withholding because either: (A) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.
Certification instructions — You must cross out item (2) above if you have been notified by the iRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).
SIGNATURE TITLE SECRETARY DATE 2 24 15 TEL NO. 401-683-565
BUSINESS DESIGNATION:
Please Check One: Individual 🔲 . Medical Services Corporation 🔲 . Government/Nonprolit Corporation .
Partnership Corporation Trust/Estate Legal Services Corporation
NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.
 ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following: Same T.i.N. with more than one location attach a list of location addresses with remittance address for each location and indicate to which tocation the year-end tax information return should be mailed. Different T.I.N. for each different location submit a completed W-9 form for each T.I.N. and location, (One year-end tax information return will be reported for each T.I.N. and remittance address.)
CERTIFICATION Sign the certification, enter your title, date, and your telephone number (including area code and extension).

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Selective Insurance Company of America 40 Wantage Avenue Branchville, New Jersey 07890 973-948-3000

B 1155309

Paul J. Damiano

BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That East Coast Landscaping and Construction Inc. 202 Chase Road Portsmouth, RI 02871 (hereinafter called the Principal) as Principal, and the SELECTIVE INSURANCE COMPANY OF AMERICA, a corporation created and existing under the laws of the State of New Jersey, with its principal office in Branchville, New Jersey (hereinafter called the Surety), as Surety,
are held and firmly bound unto State of Rhode Island - Department of Environmental Management 235 Promenade Street Providence, RI 02908 (hereinafter called the Obligee)
in the full and just sum of 5% Percent of the Total Bid Amount (5%), good and lawful money of the United States of America, to the payments of which sum of money well and truly to be made, the said Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.
Signed, sealed and dated this 18th day of February A.D. 2015.
THE CONDITION OF THIS OBLIGATION IS SUCH, That, if the Obligee shall make any award within 60 days to the Principal for Replace Boat Ramp & Associated Sidewalk.
according to the terms of the proposal or bid made by the Principal therefor, and the Principal shall duly make and enter into a contract with the Obligee in accordance with the terms of said proposal or bid and award and shall give bond for the faithful performance thereof with Surety or Sureties approved by the Obligee; or if the Principal shall, in case of failure so to do, pay to the Obligee the damages which the Obligee may suffer by reason of such failure, not exceeding the penalty of this bond, then this obligation shall be null and void; otherwise it shall be and remain in full force and effect.
In Testimony Whereof, the Principal and Surety have caused these presents to be duly signed and sealed. East Coast Landscaping and Construction Inc.
WITNESS: (SEAL) (If individual or Firm)
ATTEST: (SEAL)
(If Corporation) SELECTIVE INSURANCE COMPANY OF AMERICA

ACKNOWLEDGMENT OF PRINCIPAL

(Individual or Partnership)

STATE OF			
COUNTY OF	ss:		
On thisappeared the above named	day of	,,	,before me personally
to me known and known to me to be the st the execution of the same.	ame described in and who exec	uted the above instrument a	and dully acknowledged
		Notary Public	County
STATE OF RHODE ISLAND	(Corporation)		
On this 24TH appeared WILLIAM RE	day of FEBRUARY	, 2015	_,before me personally
to me known, who, being by me duly swo	rn, did depose and say that he/sl	ne resides in Poers	MOUTH, RI
the corporation described in and which exe the seal affixed to said instrument is suc corporation and that he/she signed his/her	h corporate seal; that it was a name thereto by like order.	fixed by order of the Boa Notary Public News	ard of Directors of said
Λ	CKNOWLEDGMENT OF	SURETY	
COUNTY OF PROVIDENCE }	ss:		
On this18th	day ofFebruary Paul J. Damiano resides in		_ ,before me personally nown, who, being by me
that he/she is the Attorney-in-Fact Selective Insurance Company of America the corporation described in and which exe the seal affixed to said instrument is such corporation and that he/she signed his/he	ecuted the foregoing instrument n corporate seal; that it was so r name thereto by like order; a Paul J. Damiano instrument is in the genuine han	affixed by order of the Bond deponent further says the and devicting of the said resence of deponent. Notary Public flow. M. Kim D. M.	pard of Directors of said hat he/she is acquainted knows him/her to be the Paul J. Damiano County Torey
		Notary P My Commission E	ивис xpires 11/16/16



Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
973-948-3000
BondNo.B 1155309

POWER OF ATTORNEY

Public Bid

SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation's seal, bonds, recognizances, contracts of indemnity and other writings obligatory in the nature of a bond, recognizance or conditional undertaking, and any of said Officers may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint Paul J. Damiano

, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of: **Three Hundred Fifty Thousand Dollars (\$350,000.00)**

Signed this	18th	_day of _	February ,	2015	
					SELECTIVE INSURANCE COMPANY OF AMERICANE COMPANY
					ORPORAL Q
					By: SEAL 1926
					Brian C. Sarisky
					Its SVP, Chief U/W Officer, Commercial Lines

STATE OF NEW JERSEY:

:ss. Branchville

COUNTY OF SUSSEX

On this 18th day of February , 2015 before me, the undersigned officer, personally appeared British Co. Sarisky, who acknowledged himself to be the Vice President of SICA, and that he, as such Vice President, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as Vice President and that the same was his free act and deed and the free act and deed of SICA.

Bound B 115309

Notary Public

Charlene Kimble
Notary Public of New Jersey
My Commission Expires 6/2/2018

The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIF	FICATION	ANCE COMP
I do hereby certify as SICA's Corporate Secretary that the for force and effect and this Power of Attorney issued pursuant to Signed this 18th day of February , 2015 .	regoing extract of SICA's By-Laws and Resolve of and in accordance with the By-Laws is value of the By-Laws is value. Michael H. Lanza, SICA Corporate Secretary	SEAL 1926

Important Notice: If the bond number embedded within the Notary Seal does not match the number in the upper right-hand corner of this Power of Attorney, contact us at 973-948-3000.

B91 (4-14)

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that to be certified an act of terrorism the event must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

Coverage for acts of terrorism is already included in your current bond. In accordance with the federal Terrorism Risk Insurance Act of 2002, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the coverage for terrorist acts certified under that Act.

DISCLOSURE OF PREMIUM

Your current bond includes coverage for terrorist acts certified under the Act for no additional premium.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.